



FREDERICK COUNTY DEPARTMENT OF AGING

1440 Taney Avenue
Frederick, MD 21702
301-600-1605

Fitness Programs Waiver

Activity involvement: _____

By signing this document, I acknowledge that I have been informed this program may be somewhat strenuous and therefore voluntarily choose to participate.

I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility the instructor, facility or any persons involved with this program

I acknowledge being informed of the need to obtain a physician's approval **prior** to beginning the above-mentioned activity. Should I choose to start this class **before** obtaining my physician's approval, I accept full responsibility and hold harmless of any responsibility the instructor, facility or any persons involved in this program.

Authorization for use of Photographic Likeness: I agree to allow Frederick County Department of Aging to take and utilize photos, slides, and video images for the purpose of promotion and publicizing of the Department's programs, facilities, and/or events. If I prefer not to have my likeness used, I will call 301-600-1605 to register my request.

Signature

Date

Printed Name